

**BIOGRAPHIC DATA FORM**

Report # _____

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|---|--|---|
| * 1. Name of Country | 2. Date of Information (Yr., mo., day) | 3. Date of Report (Yr., mo., day) |
| 4. Name * a. Full Name (in Roman letters in order normally used by individual, with surname in capital letters; accent on last name, if known; phonetic pronunciation, as appropriate) | | |
| b. Name(s) by which individual prefers to be addressed (1) In official correspondence | | (2) Orally at official gatherings |
| c. Full name in native alphabet (Including Standard Telegraphic Code or other transcription code) | | d. Variants, aliases or nicknames |
| * 5. Rank (Full official terms) a. English language b. Native language | | 6. Date of Rank (Yr., mo., day) |
| 7. Position/Billet * a. Present position | | b. Military address |
| c. Date assumed position (Yr., mo., day) | | d. Scheduled date of departure (Yr., mo., day) |
| e. Name of Predecessor (Person who previously held this position) | (1) Predecessor's Rank | (2) Predecessor's Branch of Armed Service |
| (3) Dates Predecessor assigned (Yr., mo., day) From: To: | | |
| * 8. Branch of Armed Service <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Special Branch (specify) _____ | | 9. Specialty/Other Organizations (Ministry of Defense, space programs, etc.) |
| 10. Date of Birth (Yr., mo., day) | 11. Place of Birth (Town, state, province, country) | 12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 13. Home address | | 14. Telephone Number (Area Code if applicable) a. Home b. Work |
| 15. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated | | |

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|--|---|---|--|---|---|--|--|
| 16. Citizenship (<i>indicate countries</i>) | | | | 17. Ethnic Group | | 18. Nationality | |
| 19. Religious Affiliation a. Name | | | | b. <input type="checkbox"/> Practicing <input type="checkbox"/> Non-practicing | | | |
| 20. Titles, Honorifics (<i>Prince, Doctor, Pandit, etc.</i>), | | | | 21. High Order Decorations (<i>native, U.S., other; explain</i>) | | | |
| 22. Physical Description a. Facial Hair <input type="checkbox"/> Beard <input type="checkbox"/> Mustache | | b. Teeth (<i>Natural</i>) <input type="checkbox"/> yes <input type="checkbox"/> no | | c. Hard of Hearing <input type="checkbox"/> yes <input type="checkbox"/> no | | d. Glasses <input type="checkbox"/> yes <input type="checkbox"/> no | |
| e. Color Eyes | f. Bald <input type="checkbox"/> yes <input type="checkbox"/> no | g. Color of Hair (<i>if applicable</i>) | h. Writing hand <input type="checkbox"/> Right <input type="checkbox"/> Left | | i. Posture <input type="checkbox"/> Round shouldered <input type="checkbox"/> Erect | | |
| j. Height (<i>inches</i>) | | k. Weight (<i>pounds</i>) | | l. Build <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large | | | |
| 23. Membership in Organizations (<i>professional, social, military, other; inclusive dates (Yr., mo., day)</i>) | | | | | | | |
| 24. Preferences (<i>food, drink, tobacco, entertainment, sports, hobbies</i>) | | | | | | | |
| 25. Published Works—by or about individual (<i>title of article or book; if article, name of publication in which appearing; date published (Yr., mo., day)</i>) | | | | | | | |
| 26. Civil Education (<i>college or highest level schools, locations, major courses, degrees, honors; inclusive dates (Yr., mo., day)</i>) | | | | | | | |
| 27. Languages (<i>proficiency, dialects, degree of fluency, ability to act as translator/interpreter</i>) | | | | | | | |
| 28. International training/travel (<i>countries, dates (Yr., mo., day), purpose</i>) | | | | | | | |
| 29. Photo Submitted <input type="checkbox"/> yes <input type="checkbox"/> no | | | | 30. Date of Photo, if submitted (<i>Yr., mo., day</i>) | | | |

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31. Military Service (chronologically, inclusive dates (Yr., mo., day) and locations): Military schools, in-country and foreign; promotions/demotions (specify rank and dates (Yr., mo., day)); foreign service; units served/position held; retired/reserve status; involvement with programs/activities/key people.

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|---|--|---|----------------|
| 32. Full Name of Spouse | | a. Maiden Name | |
| b. Date of Birth (Yr., mo. day) | c. Place of Birth (town, state, province, country) | | |
| d. Citizenship (indicate countries) | | e. Ethnic Group | f. Nationality |
| g. Religious Affiliation (1) Name | | (2) <input type="checkbox"/> Practicing <input type="checkbox"/> Non-practicing | |
| h. Background (education; languages; preference in food/drink, hobbies, entertainment; special interest professional societies) | | | |

| 33. Names of Children | a. Sex | b. Date of Birth (Yr., mo., day) | c. Marital Status (Married/single/divorced/ widowed/separated) | d. Other Items of Interest (Schools, health, military service) |
|-----------------------|--------|-------------------------------------|--|--|
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